

FACILITY SECURITY ASSESSMENT CHECKLIST

Completed by: _____

Facility Name: _____ Facility ID # _____ Date: _____

River & Mile Marker: _____ LDB ☐ RDB ☐ FAX # _____

Street Address: _____ Facility Point of Contact: _____
EMAIL: _____
Alternate Facility Contact: _____

Town or City: _____ Facility Phone Number: _____

State & Zip: _____ 24-hour Phone Number: _____

USCG Sub Zone: Erie ☐ Buffalo ☐ Rochester ☐ Massena ☐

Type of Facility: Bulk Oil ☐ Bulk Chem ☐ LHG ☐ Non-Regulated ☐ Other _____

Products Handled:	Capacity:	# of Tanks:
(List Product	(gls,bls)	
name & type,		
i.e. A,C,D)		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Capacity: _____ Total Tanks: _____

Total # of employees: _____ # of employees per shift: _____

Shift hours: _____

Maximum number of visitors or contractors per day: _____

Hours of Operation: _____
[i.e. (8, 0900-1700) or (12, 0600-1800)]

Days per week: _____
[i.e. (5, Mon-Fri) or (6, Mon-Sat)]

Seasonal Schedule: _____
(i.e. Closed from Sep-Mar or Year Round)

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(WHEN COMPLETED)

Surveyors:

Please obtain the following information from the facility manager:

1. In the event of an explosion at your facility/vessel/bridge/lock & dam/ etc., what would be the economic impact to either this company and/or the community? Circle one.
 - \geq \$500 million
 - \geq \$100 million
 - \leq \$1 million

2. What is the distance to closest town/city/community from the facility? Also, write in name. Circle one
 - Immediate vicinity
 - Within 1 mile
 - Within 5 miles
 - Greater than 5 milesName of town: _____

3. What is the approximate population of that town?

Note: Please assure to the facility manager that this information will remain confidential and is only being used as a management tool.

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PHYSICAL SECURITY

1.	Does the facility have a current written security/contingency plan?	Y	N
2.	Are there written procedures to follow for a bomb threat?	Y	N
3.	Is there a written bomb threat checklist to collect threat information? If No , go to 5	Y	N
4.	Is the bomb threat checklist available to all personnel? If No , go to 5 If Yes , How _____ (posted on wall, by phones, in a binder, etc)	Y	N
5.	Are there written evacuation procedures? If No , go to 6 If Yes , are they posted?	Y Y	N N
6.	Are response agency numbers (other than 911) available and up to date?	Y	N
7.	Do facility personnel receive security awareness training? If No , go to 8 If Yes , – how often? _____	Y	N
8.	Does the facility have a secure perimeter? If No , go to 9 If Yes , what kind: (check all that apply) ____ Fence (go to 8a) ____ Moat (go to 8b) ____ Wall (go to 8c) ____ Other _____	Y	N
8a.	Fence characteristics: Height: _____ Type : _____ (chain link, electrified, etc) Does the fence have barbed wire? If Yes , what type (check all that apply): <input type="checkbox"/> 45-degree outriggers. <input type="checkbox"/> 45-degree inboard and outboard outriggers. <input type="checkbox"/> Vertical outriggers. If No , does fence have concertina (razor) wire?	 Y Y	 N N

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8b	Moat, characteristics: Depth (in feet):_____ Width (in feet):_____		
8c	Wall, characteristics: Material (earth, stone, concrete, etc):_____ Thickness (in inches):_____ Height (in feet):_____		
9.	Does the waterfront form part of the perimeter? If No , go to 10 If Yes , how much of the perimeter is waterfront?_____ (in yards)	Y	N
10.	Is there a clear zone both outside and inside extending 30-feet each way from the perimeter?	Y	N
11.	Is there perimeter lighting? If No , go to 12 If Yes , Is the entire perimeter lighted? If No , What areas are not lighted? _____	Y Y	N N
12.	Is there a gate(s) in the perimeter? If No , go to 13 If Yes , is/are the gate(s) guarded/manned/remotely controlled or locked at all times? If Yes , go to 13 If No , at what time(s) is/are the gate(s) not guarded/manned/remotely controlled or locked? _____ (i.e. during normal working hours, 2300-0600, etc)	Y Y	N N
13.	Are there utility/sewer, air or water intakes or outfalls, or other means of entry through the perimeter that are greater than 10-inches in diameter? If No , go to 14 If Yes , a.) How many of the openings are secured?_____ Describe how opening(s) are secured. (i.e. bars, screens, etc) _____ b.) How many of the openings are not secured?_____ and why?_____	Y Y	N N

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14.	<p>Are vehicles allowed w/in the perimeter of the facility?</p> <p>If No, go to 15</p> <p>If Yes,</p> <p>a). Is vehicle entry to the facility controlled?</p> <p>If Yes, how? (check all that apply)</p> <p>_____Decals _____Passes _____Temporary passes</p> <p>_____Tags _____Remote access controls</p> <p>_____Other _____</p> <p>b). Once inside the facility, is vehicle movement controlled?</p> <p>If Yes, how? (check all that apply)</p> <p>_____Jersey Barriers (concrete blocks)</p> <p>_____Designated Routes</p> <p>_____Designated Parking Areas</p> <p>_____Posted No-Parking Zones</p> <p>_____Other _____</p>	Y	N
15.	<p>Is there a barrier between the facility entry point and the asset?</p> <p>If Yes, what kind of barrier(s) is/are used? (check all that apply)</p> <p>_____Concrete Barricades _____Saw Horse Barricades</p> <p>_____Buildings _____Trees/shrubs _____Berm</p> <p>_____Other _____</p>	Y	N
16.	<p>Is there a system in use that controls employee access to the facility?</p> <p>If No, go to 17</p> <p>If Yes, what type (check all that apply):</p> <p>_____Personnel Recognition _____Card Reader</p> <p>_____Access List _____Passes or ID Badges</p> <p>_____Retinal Eye Scan</p> <p>_____Other _____</p>	Y	N
17.	<p>Are visitors allowed access to the facility?</p> <p>If No, go to 18)</p> <p>If Yes,</p> <p>a). Is there a system in use that controls visitor access to the facility?</p> <p>If No, go to 18</p> <p>If Yes, what type (check all that apply):</p> <p>_____Personnel Recognition _____Card Reader</p> <p>_____Access List _____Passes or ID Badges</p> <p>_____Visitor Escort</p> <p>_____Other _____</p>	Y	N
18.	<p>Describe any other physical security measures in use or in place that have not been asked above: _____</p> <p>_____</p>		

SECURITY FORCES

19.	<p>Are there security personnel at the facility? If No, Go to 23 If Yes, a). How many security personnel are there? (mark # of personnel next to each category that applies) ____ 24 Hours per day/7 days per week/365 days per year ____ Only during normal business hours/days ____ Only after hours b). What types of patrols are used? (check all that apply) ____ Vehicle Patrols ____ Fixed Posts (ex: gate guard) ____ Walking Patrols ____ Other _____ c). Are security personnel uniformed? If Yes, How many? ____ d). Are security personnel armed? If Yes, How many? ____</p>	Y	N
20.	<p>Do security personnel have duties other than security? If No, go to 21 If Yes, describe other duties: _____ _____</p>	Y	N
21.	<p>Do security personnel train with local response agencies? If No, go to 21 If Yes, which agencies and how often _____ _____</p>	Y	N
22.	<p>Describe other security measures in place that affect the overall security of the facility (roaming patrol checks, guard visits facility once a night, once a week, security provided only during operations, etc) _____ _____ _____ _____</p>		

COMMUNICATIONS

23.	Is there a communications system in use by security personnel? If No, Go to 27 If Yes, describe system(s) in use (check all that apply): _____Flares _____Radios _____Telephone _____Duress Alarms _____Cell Phone _____Other_____	Y	N
24.	If radio communications are used, do security personnel have 2 or more dedicated radio frequencies? <input type="checkbox"/> N/A radio coms not used.	Y	N
25.	If radio communications are used, are duress codes (code-words for emergencies) used? <input type="checkbox"/> N/A radio coms not used.	Y	N
26.	Describe any other communication systems or issues that affect this facility:_____ _____ _____		

RESPONSE ASSETS

27.	Are there external (local, state, federal) response agencies available If No, Go to 28 If Yes, what local types of response agencies are available, and what are their response times?			Y	N
	(check all that apply)	Type Agency	Response Time		
		State Police			
		Fire Department			
		Volunteer Fire Dept.			
		County Law Enforcement			
		Local Police Dept			
		Federal Law Enforcement Agencies			
		HAZMAT Teams			
		Bomb Squad/Bomb Detection Units			
		EMS/Ambulance			
		Trauma Centers			
		Others (Burn Centers, environmental response assets, EPA, DNR)			
	28.	Does the facility have internal response forces? If No, go to 30 If Yes, what type(s) (check all that apply) _____ Fire Fighting _____ HAZMAT Teams _____ Emergency Medical Technicians _____ Others (nurses, doctors, etc)_____			
29.	Are the facility's assets capable of containing events until the arrival of local response agencies?			Y	N
30.	Are joint drills between the facility and local response agencies conducted? If No, go to 31 If Yes, a). How often _____ b.) How recent _____			Y	N

EQUIPMENT

31.	Is there an alternate source of electrical power in the case of a power failure? If No , go to 32 If Yes , describe alternate source: _____Generator _____Battery _____Windmill _____Solar _____Other_____	Y	N
32.	Is an Intrusion Detection System (IDS) in use at the facility? If No , go to 33 If Yes , describe the IDS in use: _____Motion Detection _____Alarms _____Other_____	Y	N
33.	Describe any other security related equipment in place at the facility such as portable speed bumps, traffic stars, road spikes, inspection mirrors, etc)_____ _____ _____		

COMMENTS: (please relate any issues affecting the security of this facility that have not been asked in the preceding questions)

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